

Foster Family Home - Corrective Action Report

Provider ID: 1-190085

Home Name: Noralyn Esta, NA

Review ID: 1-190085-3

94-363 Honowai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/16/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/16/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#3's APS/CAN lapsed on 3/12/2020 and renewed on 4/15/2020.

Foster Family Home Client Rights [11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No completed Admission Policy and Agreement Form on Client #1 and Client #2 seen in home binder.

Foster Family Home Records [11-800-54]

54.(a) Each home shall maintain an administrative notebook including but not limited to

Comment:

54.(a)- CG#1's home binder was unorganized; some documents were not in home binder; CG#1 had to call her mom to obtain missing documents.

Maribel Nakamine, RN
Compliance Manager

[Signature]
Primary Care Giver

9/16/2020
Date

09-16-2020
Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: NORALYN ESTA

CCFFH Address: 94-363 HONOWAI ST., WAIPAHU, HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(2)	CG#3's lapsed can't be corrected	9/25/20	will use a wall calendar to put all due dates on. background check will be done at least 2-3 months before due date to prevent lapses.
53.(a)	client#1 and client#2 , Admission Policy and Agreement already in clients binder.	9/25/20	In the future, CG#1 will initiate the Admission Policy and Agreement with client's/POA on the day of client's admission to CCFFH
54.(a)	CG#1 home binder is organized.	9/25/20	In the future, CG#1 will keep CCFFH binder organized.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10-15-2020

☒ CTA has reviewed all corrected items